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## CITY OF BOSTON.

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### To the Board of Health Commissioners of the City of Boston:

The MEDICAL DEPUTATION appointed by the City of Boston to visit New York for the purpose of making observations relative to the disease now prevailing in that place, respectfully

### REPORT:

That in the execution of their commission they have diligently occupied the principal part of three days in that city, in inspecting the various receptacles of the sick, and in instituting such inquiries as they deemed important relating to the object of their mission. They have visited all the Cholera Hospitals, together with the Alms House at Bellevue, and some of these institutions repeatedly; they have seen upwards of two hundred Cholera patients, and witnessed several *post mortem* examinations.

They consider the New York disease to be the same Cholera which has successively prevailed in Asia, Europe and Canada. It is distinguished by most of the malignant symptoms which have been noted in other places, and which are already familiar to medical readers, such as the sudden development of the disease, the rapidity with which the patient is prostrated, the short course after which death takes place, a majority having died within twenty-four hours of the time of supposing themselves ill, and some in a less period; thus furnishing during the stay at New York, an opportunity to observe both the beginning and end of a considerable number of cases. It is distinguished also by the suddenness and peculiar character of the alvine evacuations, which at length become flocculent and pearl-colored, by the thirst and burning at the region of the stomach, by the coldness, dampness and lividity of the skin, and its corrugations on the hands and feet, by the shrinking and peculiar expression of the countenance, by the sound of the voice resembling a feeble wail, by the more or less spasmodic affection of the muscles, by the sinking and loss of the pulse for a long period before death, and by the clearness of the mind to the last.

But although some of these symptoms were strongly marked in every instance, yet in few were they all assembled, and in some, but those not the less malignant, the most striking symptoms were wanting. The spasmodic affections, though occurring at some periods of almost every case, were not so common or so long continued, as to constitute a very leading feature. The evacuations were less profuse, and continued through a smaller portion of the disease, than was to have been anticipated. The blue or dark color of the skin was also less universal, and though seldom wanting in the hands and nails, yet many presented it no where else. Very few exhibited a striking darkness of the whole body, though in many, at the last stage, the face and extremities were of a dull slate color, resembling that of the hands of mechanics who work in a black dye. The tongue was not uniformly, nor even generally cold, nor did the countenance, even at the approach of death, exhibit always the usual peculiarities of the disease.

Another deviation, which was noticed, from the common descriptions, was the absence of any apparent marks of great suffering. The patient seemed generally quiet and indifferent, made but little complaint, and paid but little attention to the presence of strangers, or other external objects. In a room containing ten or a dozen patients, it was not common to see more than one or two at a time under the influence of any degree of spasm, and frequently a perfect stillness prevailed.

No evidence could be obtained that a specific contagion had any agency in the origin or propagation of this epidemic. Its history was like that of an indigenous disease, and the first cases are believed to have occurred among persons confined in the Alms-House and Penitentiary. In the city the first cases were scattered, insulated, and frequently remote from each other.

In regard to treatment, the delegation believe that more depends upon preventive, than upon remedial means. A large portion of malignant cases of Cholera, among which are often found the *earliest* cases which occur in cities, may be regarded as for the most part incurable. This apparently arises not wholly from the nature of the disease, but in perhaps a greater degree from the character of the subjects upon whom it most readily alights. These are the degraded and suffering poor, the superannuated, the exhausted, the intemperate, the debauched,—persons frequently whose lease of life is finished or forfeited, and in whom Cholera only anticipates by a few weeks or months, the inevitable courses of nature. It would be unreasonable to expect that such cases can be within the control of remedial art.



On the other hand it is our belief that even during the epidemic presence of the disease, in places generally salubrious, there is little cause for apprehension among the healthy, the cheerful, the active, the discreet and temperate, those who fearlessly pursue their respective paths of duty, and occupy their minds with other subjects than the Cholera. Among such persons we have reason to believe that the attacks of the disease are comparatively rare, or if they do occur, are mild, giving timely notice by premonitory symptoms, which are not difficult to be removed by medical aid. It is not unreasonable to suppose that certain national temperaments, among which we may happily class that of our own population, predispose to immunity from the disease. The English, under parallel circumstances, have suffered less than the French, both in Europe and in Canada.

The assumption which has been frequently made that the disease differently affects classes in different walks of life, is true only in reference to habits, and not to condition. The laboring part of the community, when temperate and prudent in their modes of living, are as likely as any who could be named, to escape the disease. The numerous operative classes, the day laborers, also domestics who reside in clean and comfortable houses, may be expected, certainly as much as any class whatever, to enjoy health, under the ordinary precautions of temperance and regularity of life.

The result of their observations made in the city of New-York, leads this delegation to feel the urgent importance of completing in this city the preparatory arrangements which have been so wisely begun. The disease perhaps may not visit our healthy region at all; nevertheless, if it does come, it should not find us unprepared. The provisional hospitals which have already been engaged and organized, furnish honorable testimonials to the wisdom of the health commissioners. We would beg leave respectfully to urge the importance of engaging at an early period a competent number of nurses, carriers, and attendants, both male and female, and particularly that these should be persons of good character and temperate habits, for reasons which will be obvious to the board.

It is expedient that a supply of fuel should be deposited in each of the hospitals, with fire-places or open stoves, in most of the rooms. During the cool days of this week, the patients in the New-York hospitals were thought to suffer by the reduced temperature of the atmosphere, the disease being one in which external warmth is difficult to be maintained. To exclude the cold air, the attendants had recourse in many cases to closing the windows and doors of the sick rooms, thus producing a

confined and concentrated atmosphere, which if long continued, must tend to aggravate, as well as multiply the disease. It would be better in such cases to keep up fires sufficient for the necessities of the patient, while the external air might be freely admitted, to accomplish the necessary ventilations.

Litters for the conveyance of the sick should be provided and kept at all the hospitals. These may be conveniently made in the form of a wide hand-barrow, with a sacking and mattress, the top covered with a cloth awning. The men who are to carry them should be in attendance at the hospitals.

The provisions necessary for the complete and early organization of the Cholera Hospitals, will involve a considerable, and perhaps an unnecessary expense. They are such, however, as must appear proper to every wise man in a reflecting community. Should the event prove that they have been altogether superfluous, there will be sufficient reason devoutly to thank Providence that they are so.

JACOB BIGELOW,  
JOHN WARE,  
JOSHUA B. FLINT.

*Boston, July 13, 1832.*

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*In the Board of Commissioners of Health,  
July 13, 1832.*

The foregoing Report of the Physicians, deputed by this Board to visit the City of New York, having been read, it was, thereupon

*Ordered,* That the thanks of this Board be presented to Drs. Bigelow, Ware, and Flint, for the prompt and very satisfactory manner in which they have executed the trust reposed in them, by visiting the City of New York, and for the full and instructive Reports made by them:—and that the Secretary of this Board cause 7,500 copies of this Report to be printed, and distributed for the information of the Inhabitants of this City.

ATTEST:

WM. HAYDEN, JR. *Secretary.*